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TRANSMITTAL FORM					Application Number	09/937,181				
					Filing Date	DOBSON, GEOFFREY PHICE/FD  1651  DAVIS, RUTH A				
					First Named Inventor	DOBSON	, GEOFFREY PRICE VED			
		i Oikivi			Group Art Unit	1651	CER 4.5			
	(to be used for a	all correspondence after in	itial filing)		Examiner Name	DAVIS, R	UTH A 0003			
	Total Number	of Pages in This Submiss	ion		Attorney Docket Number	FREE-00	1 TECHOWITCO MOUNTOON			
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-		SIGNAT	URE OF AF	PPLI	CANT, ATTORNEY, OR	AGENT				
Signing A (Reg. No.	attorney/Agent .)	CAROL M. LASALLI BOZIÇEVIC, FIELD	E, 39,740 & FRANCIS LLP							
Signature			der							
Date September 9, 2003										

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Examiner Name    DAVIS, RUTH A	## Filing Date   January 10, 2002   First Named Inventor   DOBSON, GEOFREY PHILLY	SMITTAI Complete if Known	Re		
Examiner Name  DAVIS, RUTH A    Art Unit   1551   1551   1551	Effective 01/01/2003. Patent fees are subject to annual revision.  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT    Salo	Application Number 09/937,181	N.		
Examiner Name  DAVIS, RUTH A    At Unit   1551   1551   1551	Effective 01/01/2003. Patent fees are subject to annual revision.    Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 801.00   Attorney Docket No.   FREE-001	2003 Filing Date January 10, 2002			
And Applicant claims small entity status. See 37 CFR 1.27  Art Unit 1651  Account Method OF PAYMENT (sheck all that apply)  □ Check □ Credit Card □ Money Order □ Other □ None □ Deposit Account Number 50-0815 □ Charge fees indicated below □ Clored any overaging any additional free(s) during the pendency of this □ Clored any overaging any additional free(s) during the pendency of this □ 100 ≥ 100	Applicant claims small entity status. See 37 CFR 1.27	First Named Inventor DOBSON, GEOFFREY PHILL	PL		
Check   Credit Card   Money Order   Other   None	Check   Credit Card   Money Order   Other   None   Supposit Account Number 50-815	es are subject to annual revision. Examiner Name DAVIS, RUTH A	<del>_</del> ,		
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□ Check □ Credit Card □ Money Order □ Other □ None □ Deposit Account Number 50-0815 □ Fee Fee Fee Fee Paid Number 50-0815 □ Deposit Number 50-0815 □ Deposit Account Number 50-0815 □ Position Number 50-0815 □ Deposit Account Number 50-0815 □ Deposit Nu	Check   Credit Card   Money Order   Other   None   Supposit Account Number 50-0815   Code (s)   Fee Description   Code (s)   Fee Code (s)   Code (s)   Fee Description   Code (s)   Code (s)   Fee Description   Code (s)	FEE CALCULATION (continued)			
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Deposit Account Name Bozicevic, Field & Francis LLP The Commissioner authorized to: (check all that apply)  ☐ Charge fees indicated below ☐ Credit any overpayments charge fees indicated below ☐ Credit any overpayments application of Charge fees indicated below, except for the filling fee to the above-identified deposit account.  FEE CALCULATION  1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Pea Description Code (3) Code (4) Code (5) Code (5) Code (5) Code (6) Code (6) Code (6) Code (7)	Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP The Commissioner authorized to: (check all that apply)  ☐ Charge fees indicated below ☐ Credit any overpayments application ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Charge fees indicated below, except for the filing fee ☐ Large Entity Small Entity ☐ Fee Paid ☐ Code (8) ☐ Code (8) ☐ Code (3) ☐ Code (4) ☐ Code (5) ☐ Code (5) ☐ Code (6) ☐ Code				
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The Commissioner authorized to: (check all that apply)	The Commissioner authorized to: (check all that apply)				
Charge any additional feets) during the pendency of this application    Charge seas indicated below, except for the filling fee to the above-identified deposit account.	Charge any additional feets) during the pendency of this application   Charge fees indicated below, except for the filing fee to the above-identified deposit account.   1053   130   1053   130   1053   130   1053   130   1054   130   1055	heck all that apply)			
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1003   520   2003   260   Plant filling fee   1255   1,970   2255   985   Extension for reply within fifth month   1401   320   2401   160   Notice of Appeal   1402   320   2402   160   Filling a brief in support of an appeal   1402   320   2402   160   Filling a brief in support of an appeal   1402   320   2402   160   Filling a brief in support of an appeal   1402   320   2403   140   Request for oral hearing   1451   1,510   Petition to institute a public use proceeding   1452   110   2452   55   Petition to revive — unintentional   1403   1,300   2501   650   Utility issue fee (or reissue)   1501   1,300   2501   650   Utility issue fee (or reissue)   1502   470   2502   235   Design issue fee   1406   130   1460   130   Petitions to the Commissioner   1807   50   1807   50   1807   50   1807   50   Processing fee under 37 CFR 1.17(q)   1806   180   1808   180   1808   180   1809   1809   1809   375   For each additional invention to be examined (37 CFR § 1.129(b))   1809   750   2810   375   For each additional invention to be examined (37 CFR § 1.129(b))   1809   1802   900   1802   900   Request for continued Examination of a design application   1808   1809	1003   520   2003   260   Plant filing fee   1004   750   2004   375   Reissue filing fee   1005   160   2005   80   Provisional filing fee   1401   320   2401   160   Notice of Appeal   1401   320   2401   160   Notice of Appeal   1402   320   2402   160   Filing a brief in support of an appeal   1403   280   2403   140   Request for oral hearing   1451   1,510   Petition to Institute a public use proceeding   1452   110   2452   55   Petition to revive – unavoidable   1453   1,300   2453   650   Petition to revive – unintentional   1451   1,510   Petition to revive – unintentional   1452   110   2452   55   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   650   Petition to revive – unintentional   1453   1,300   2453   315	filing for	465		
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SUBTOTAL (1)  2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from Extra Claims below Fee Paid  Total Claims 66 -58** = 8 x 9 = 72.00 Indep. 5 -3** = 2 x 42 = 84.00  Multiple Dependent = 1403 280 2403 140  Extra Claims below Fee Paid  Multiple Dependent = 1406 130 1460 130 Petition to institute a public use proceeding  Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	SUBTOTAL (1)  2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from Extra Claims below Fee Paid  Total Claims 66 -58** = 8 x 9 = 72.00 Indep. 5 -3** = 2 x 42 = 84.00 Indep. 5 -3** = 2 x 42 = 84.00 Indep. 5 -3** = 8 x 9 = 72.00 Indep. 5 -3** = 8 x 9 = 72.00 Indep. 5 -3** = 2 x 42 = 84.00 Indep. 5 -3** = 2 x 42	not filling for			
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